

215037830  
60480

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 39	Agency Case No. B5-085936	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1		
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/16/2015		TIME OF ACCIDENT 1255	STATE USE ONLY			
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1307	09/17/2015			
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 48th Street		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE			
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE			
D	IF AT INTERSECTION		IF NOT AT INTERSECTION					
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M	1.00		X		private driveway			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN							
	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN			
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
1	1			10 2 1 1 10				
VEHICLE NO. 1								
F	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
V1/N	DRIVER	PHONE			LOCAL NO.			
1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	V1/1 14		
V2/N	OWNER	PHONE			LOCAL NO.	V1/2		
2	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	V1/3		
H	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	V1/4
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	V1/5
5	VEHICLE ID NO. (VIN)	TOWED TO			TOWED BY	POLICY NO.		V1/6 15
V2/O	VEHICLE NO. 2							
I	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
V1/P	DRIVER	PHONE			LOCAL NO.			
8	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		V2/1	
V2/P	OWNER	PHONE			LOCAL NO.		V2/2	
J	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	V2/3	
V1/Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	V2/4
4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	V2/5
V2/Q	VEHICLE ID NO. (VIN)	TOWED TO			TOWED BY	POLICY NO.		V2/6
K	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F		
0	Benette Tertulien	2304 N 44th St #13, Lincoln, NE 68504			09/10/1983	18 06 4 5 F		
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.		
	774-386-3074				Lincoln Fire & Rescue			
VEH. #	NAME	ADDRESS						
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS						
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-085936**



Indicate  
North  
by Arrow



N 48th St (NB lanes)

Veh 1



driveway of 2136 N 48th St

POI: not determined, occurred on sidewalk  
space of driveway

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Pedestrian reports she was walking SB on the East sidewalk in front of 2136 N 48th Street. As pedestrian crossed the driveway, a red SUV was stopped at the sidewalk preparing to turn NB onto N 48th. The driver was looking SB as the pedestrian began to cross the driveway while on the sidewalk. The vehicle pulled forward and bumped pedestrian. The vehicle left NB on N 48th. Driveway is to a restaurant but surveillance cameras are no operable. Receipts checked and driver made a purchase in cash. No witnesses.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

  

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	VEH 2	
1				X	private driveway		POINT OF IMPACT	01	POINT OF IMPACT							0	
2							POINT OF IMPACT		POINT OF IMPACT								
1	05	06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				MOST DAMAGED AREA		MOST DAMAGED AREA		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING Driver No. 1 Y    Driver No. 2 Y    Pedestrian Y ALCOHOL LEVEL TESTED N X    N    N X BAC LEVEL ALCOHOL/ DRUGS SUSPECTED Driver No. 1 5    Driver No. 2 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			
2						MOST DAMAGED AREA		MOST DAMAGED AREA								01 02 03 04 08 07 06	

  

OFFICER NO. <b>1205</b>	TROOP/ TEAM/ BEAT <b>3</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Luis Herrera</b>		INVESTIGATOR SIGNATURE <b>Approved by Investigator Luis Herrera</b>	DATE OF REPORT <b>09/17/2015</b>